



Town of Carlisle  
Office of  
BOARD OF HEALTH  
66 Westford Street  
Carlisle, MA 01741

Tel.: (978) 369-0283  
Fax: (978) 369-4521

## Request for Engineering Services

Location of Property: \_\_\_\_\_

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Property Owner  
and Address: \_\_\_\_\_

Engineer/Soil Evaluator: \_\_\_\_\_

Company Address and Telephone: \_\_\_\_\_

### SERVICES REQUESTED<sup>1</sup>

Indicate:      New Installation [ ☐ ]    Voluntary Upgrade [ ☐ ]    Failed System [ ☐ ]

If a failed system, reason for failure: \_\_\_\_\_

Testing Date Requested: \_\_\_\_\_    Confirmed Date: \_\_\_\_\_

Testing Requested:    Percolation Test [ ☐ ]    Deep Hole [ ☐ ]    Observation Pipe Reading [ ☐ ]

Fee Paid: \_\_\_\_\_    Date: \_\_\_\_\_

The undersigned hereby agrees to comply with all provisions of the Town of Carlisle Board of Health regulations, State Environmental Code and the Wetlands Protection Act and Carlisle Local Wetlands Protection Bylaw.

Signature of Applicant/Engineer: \_\_\_\_\_    Date: \_\_\_\_\_

### FEES

\$500	Prepayment for witnessing soil tests (up to 3.0 hours per one building lot)
\$210	Prepayment for additional testing days (up to 1.0 hour on same lot)
\$115	Observation pipe readings per one building lot (up to two pipes)
Actual cost	Additional time over prepaid allotment
\$150	Late cancellation (after 3 PM day before) and no-shows
\$	Late cancellation by Board of Health (after 3 PM day before) – refund of original fee and up to 3.0 hours of witnessed testing (same lot)

<sup>1</sup> If equipment access to the testing site requires a wetland crossing, contact the Carlisle Conservation Administrator (978-369-0336)